	JATION/DIVISIONAL A. fon or Divisional) DUPLI		TRANSM	ITTAL	
Rule 53(b) Continuati		Attorney Do	ocket No.:	NITT.0154 C	
Address to: Assistant Commissioner for Patents Box PATENT APPLICATION		First Named	Inventor:	FUJISAKE.	
Washing	ton, D.C. 20231	To	tal Pages:	0746	
This requests a 🔘	Continuation or 🗷 Divisional appli	cation under 37 CF	R §1.53(b) of p	prior application:	
Appln. No.:	09/984,632	Group	Art Unit:	2815	
Filed on:	October 30, 2001		Examiner: F	Richards, N. Drew	
Entitled:	Entitled: A SEMICONDUCTOR DEVICE AND PROCESS FOR PRODUCING THE SAME				
	closure of the pending, prior application		ted by reference.		
l 3. This application	on is filed by fewer then all the invento). DELETE the following inventor(s)	rs named in the prior	nonprovisional	application, 37	
4. Submitted her	. Submitted herewith is a copy of the signed Oath/Declaration from the prior application.				
5. Small entity s	tatus was established in the prior appli	cation, and is still pro	oper and desired.		
3 6. A mont	th Petition for Extension of Time is file	ed concurrently in the	prior applicatio	n.	
7. The Commiss under 37 CF	sioner is authorized to credit any overp R § 1.16 and/or 1.17 to Deposit Accou	ayment and charge and No. 08-1480.	ny deficiency in	any fees required	
≅ 8. A check in the	e amount of \$_790 for filing and as	signment fees is subr	nitted herewith.		
■ 9. Insert before application s	the first sentence of the specification: erial number 09/984,632 filed October	This application is a 30, 2001.	Divisional of no	onprovisional	
☐ 10. Cancel in thi	s application original claims	of prior application be	efore calculating	the filing fee.	
☑ 11. The prior ap	plication is assigned of record to: Hita	chi, Ltd. and Tokyo	Institute of Tech	nology	
■ 12. Priority is cl priority of Ja	aimed based on U.S. Application No. (panese application 2001-129243 filed	09/984,632 filed Octo on April 26, 2001.	ober 30, 2001, w	hich claims the	
■ 13. A Prelimina	ry Amendment is enclosed.				
■ 14. Other: Infor	mation Disclosure Statement along with	th Form PTO-1449.			
THE FILIN	G FEE IS CALCULATED AS FOLLO	OWS:	Basic Fee		
Total Claims:	16 -20 =	0	× \$18 =	0.00	
Independent claims:	1 -3=	0 Multiple I	× \$84 = Dependent Clain		
REED SMIT	HILP	Mumple	(Add \$280.00)	•	
3110 Fairview Park Drive, Suite 1400				: 750.00	
Falls Church, VA 22042		50% Reduction if Small Entity Status:		: 0	
Phone: 703-641-	4200 Fax: 703-641-4340		Total		
Date:	Date: Name:		re:	Reg. No.	
August 28, 2003	Stanley P. Fisher	24,344 34,072			